

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766676

FILED  
Jan 06, 2004  
Secretary of State

Entity Name: POINT SEASIDE RESIDENTS ASSOCIATION, INC.

**Current Principal Place of Business:**

800 POINT SEASIDE DR  
PO BOX 815  
CRYSTAL BCH., FL 34681 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 815  
CRYSTAL BCH., FL 34681 US

**New Mailing Address:**

FEI Number: 59-2381368

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOLKMAN, CARL  
1027 POINT SEASIDE ROAD  
CRYSTAL BEACH, FL 34681 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MELKER, DANIEL  
Address: 896 POINT SEASIDE DRIVE  
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: VD (X) Delete  
Name: BERGER, MARC  
Address: POINT SEASIDE DR  
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: SD (X) Delete  
Name: WEBER, JILL  
Address: 966 POINT SEASIDE DR  
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: VP ( ) Delete  
Name: PAPPAS, CAROL  
Address: 1026 POINT SEASIDE ROAD  
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: TS ( ) Delete  
Name: FOLKMAN, CARL  
Address: 1027 POINT SEASIDE DRIVE  
City-St-Zip: CRYSTAL BEACH, FL 34681

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL FOLKMAN

MR.

01/06/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date